MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044183
5983 STATE FILE NUMBER

Registration District No. 749 Primary Registration District No. 1002 Registrar's No.

FILED NOV 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	39418	2	
3			
4	0		
5	1		
6			
7	1		
8	1		
9	451X		
10			
11			
12	60-2		
13			

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 38 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LAKESIDE HOSPITAL
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 9530 PROSPECT
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROY Middle EDSON Last OWENS

4. DATE OF DEATH: Month OCTOBER Day 31 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-1-1901

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLDG. MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY: WILCOX ELECTRIC CO.

11. BIRTHPLACE (City and state or country): NAPOLEON, MICHIGAN

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: —

13b. MOTHER'S MAIDEN NAME: MINA HOLFORD

14. NAME OF HUSBAND/WIFE: AGNES M. OWENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO —

17. INFORMANT (Address): 9530 PROSPECT
MRS. AGNES M. OWENS - K.C. MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: 6h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Dissecting Abdominal Aorta Aneurysm — 6h.
DUE TO (c): Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to and last saw him alive on 10/31/63
Death occurred at 9:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elias E. Zirul D.O.

22b. ADDRESS: 1001-E47 St

22c. DATE SIGNED: 11/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY: HIGHLAND PARK CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY, KANSAS

24. FUNERAL DIRECTOR (Address): D.W. NEWKOMER'S SONS 13[illegible] BROOKSIDE BLVD. KANSAS CITY, MISSOURI

DATE RECD. BY LOCAL REG.: 11-4-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.